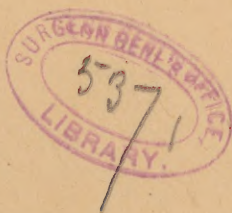


DEYNARD (A. Britton)

Rest in bed as a resource
in the treatment of Chronic
non-Suppurative catarrh
of the middle ear.



REST IN BED AS A RESOURCE IN THE TREAT-
MENT OF CHRONIC NON-SUPPURATIVE
CATARRH OF THE MIDDLE EAR.

BY

A. BRITTON DEYNARD, M. D.,

NEW YORK.

Instructor in Diseases of the Eye and Ear; Assistant Surgeon to the
Manhattan Eye and Ear Hospital, Fellow of the
Academy of Medicine, &c.

We are sometimes involved in a labyrinth of terms which call up in the mind of different readers a larger or smaller, darker or brighter area of otological territory, according to his knowledge of its topography. The survey of this field of chronic aural disease has not wanted able explorers, who have mapped out the light and dark places. One of their number has relegated this affection along with labyrinthine disease into the dark corner, and Dr. Roosa, in his work on the ear, but voices the experience of the profession when he states that the results of treatment and the outlook in these cases are unsatisfactory.

What I have to say is proffered with the hope that it may bring a ray of light to a dark corner of otology. I shall designate a class, by exclusion and suggestion, to the alleviation of which this resource of rest in bed is intended to refer.

I throw out those specific forms dependent upon such causes as gout, rheumatism, etc., and include the simple inflammations of the tympanum, and those only as seen in a *type* of development so graphically described by the late Dr. Milner Fothergill as the neurotic form.¹

¹See Medical Record, February, 1888



Having been unable to observe the changes taking place in the middle ear in such cases, only so far as they affect the contour and color of the membranæ tympani, I assume a "working pathology" from watching chronic inflammations of the mucous membrane of the throat and nose, which are so familiar to all otologists. I suggest that there occurs, in some of these cases at least, a form of degeneration, imperfect nutrition, analogous to the atrophic catarrhal conditions seen in structures having tissues in common, such as the mucous membrane of pharynx, etc.² Such a condition, I need scarcely mention, is the expression of a lack of tone in tissues. To improve the nutrition of the parts this method of treatment was adopted, and with gratifying results, as the following cases show.

CASE I.—I was called, January, 1890, to see Mrs. T., æt. thirty-five and married, complaining of tinnitus aurium, both ears; also thought she had "catarrh" and indigestion. The hearing was not sensibly affected by the watch, but membranæ tympani were dull and indrawn. An examination of the throat and nose left little hope of benefit from local treatment to these parts; and, as inflation (Politzer) did not even temporarily relieve the tinnitus, it was to me but too apparent that improvement must come from other sources. Learned on inquiry that patient had been in ill health for past three years, suffering occasionally from palpitation of heart, indigestion, and insomnia, for which tonics and travel had been prescribed. The patient was exceedingly active, both physically and mentally, thin and tired-looking, for the relief of which rest in bed seemed to me the *sine qua non*.

The patient was ordered to remain in bed fifteen hours each day, and pepsin to be taken after meals. At the end of three weeks she began to gain in weight and the dis-

²Atrophic degeneration (Wagner).

troubling noises to abate. Improvement continued steadily, and at the end of three months, the noises having ceased to be disturbing, the treatment was practically discontinued, at which time the patient was restored to former health, a delight to herself and a surprise to her friends. The following year, after a period of more than usual activity, the beginnings of the old malady presented themselves, but a resort to the prolonged hours of rest in bed quickly caused their disappearance.

This is as curative of the condition as a neurotic patient can hope to obtain under the present knowledge of cause and effect.

It goes without saying that daily ablutions, fresh air, sunlight, etc., were not overlooked, but this patient had these necessities during years of ill health, and therefore they were only contributory forces in treatment.

CASE II.—A physician, æt. forty, thin and active, had an attack of subacute catarrh of left middle ear last February. The watch is heard only on contact; no pain, but sensation as if blanket rested on ear and distressing tidal tinnitus. Inflation, blisters to mastoid, and three weeks' time relieved the condition, but during the spring, summer, and fall months the attacks returned from time to time in spite of every precaution from exposure.

So frequent were the attacks during the fall, that the patient was scarcely free from them except for a few days at a time. Tonics, sea baths, and approved local treatment were employed, but duties were not discontinued, except in part. The general health, judged by the appetite and energy displayed, was not markedly below the average, although symptoms of irritability occasionally presented themselves. After a busy day the noises were not only intensified, but the hearing on that side, as tested by the watch, was markedly diminished. The

hearing on retiring at night would be $\frac{1}{40}$ — $\frac{2}{40}$, and tested again with the same watch before rising in the morning would be $\frac{10}{40}$ or $\frac{12}{40}$. It was during the fall this phenomenon presented itself, and was observed on many different days. The fact that tinnitus aurium is aggravated by overwork or worry, is too familiar to otologists to call for special mention, but that it should affect the hearing so markedly, when tested by the watch on retiring and before rising, is, so far as I am aware, unrecorded. This was a practical indication for treatment, and rest in bed twelve and some days fifteen hours each day was enjoined upon him.

After two weeks an improvement began to be observed, and after four weeks the subacute attacks began to grow "shorter and beautifully less" until they ceased altogether. The tinnitus disappeared and the hearing power returned to what it was a year ago. The watch can be heard at $\frac{24}{40}$. It is now months since any attacks have occurred, although the hours in bed are not so prolonged.

It may be said in these active days this is a very impracticable method of treatment. I can only say that for those who are neurotic, and who are suffering from such troubles, the disagreeable ceases to be objectionable when it is indispensable.

I hope this *resource* may be tried in ear troubles of a like nature and found as effective as it is in a medical way in chlorosis, chorea, etc.; that it may receive that attention from otologists which was given to it by the general surgeon in that well-known classic work of Hilton on "Rest and Pain."

